STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rounds for Senate PO Box 250 ADDRESS (number and street) (Check if address is changed) Pierre 57501-0250 SD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@roundsforsenate.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.roundsforsenate.com (Check if address is changed) DATE 2020 C00532465 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Everist, Barbara, , , Type or Print Name of Treasurer Everist, Barbara, , , [Electronically Filed] 10 16 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	C Form 1 (Revised 02/2009)	Page 2
	DF COMMITTEE date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate
Name o	Rounds. Mike	
Candida Party A	DED Times	State SD District 00
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	
(Committees Participating in Joint Fundraiser	
	1.	
:	2. FEC ID number	
;	3.	
4	4.	

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na		Tage 🗸
Rounds for Se		
	d Organization, Affiliated Committee, Joint Fundraising Representative	e. or Leadership PAC Sponsor
		c, or Ecuacionip i Ato oponion
Rounds-SDGOP Vio	tory Fund	
Mailing Address	109 S. Pierre St.	
	Pierre	57501-2418
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represen	tative Leadership PAC Sponso
c. Custodian of Records: I books and records.	dentify by name, address (phone number optional) and position of the	person in possession of committee
Glodt, .	Jason, , ,	
Mailing Address	109 S Pierre St	
Mailing Address		
	Pierre	57501-2418
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	605 280 7767
3. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	e; and the name and address of
	Barbara, , ,	
of Treasurer	709 E Tomar Rd	
Mailing Address		
	.0	
	Sioux Falls SD	57105-7053
Title or Position Treasurer	CITY STATE	ZIP CODE
<u> </u>	Telephone number	

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Full Name of Designated Agent	Skjonsberg, Robert, , ,	
Mailing Address	106 Pheba Dr E	
	Fort Pierre SD 57532-85 CITY STATE Z	01
Title or Position Designated Age	ent	22 3109
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds. Depository, etc. American Bank & Trust	accounts, rents
Mailing Address	₁ 700 E Sioux Ave	
	Pierre SD 57501	
	CITY STATE Z	ZIP CODE
Name of Bank,	Depository, etc.	
	Chain Bridge Bank	
Mailing Address		
	McLean VA 22101	
	CITY STATE Z	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
The Victory Club	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 60148		
	Washington	DC DC	20039-0148
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joy Joy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, pepository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Vest	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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o(g) or (h). Joint Fundrais	sing Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connecte THE FOUNDER	ed Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
LILITOONDEN			
Mailing Address	1305 W 11TH ST		
	#213		
	HOUSTON	TX	77008
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connec	ted Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponso
	Affiliated Committee Joint tify by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sponso
B. Designated Agent: Iden		Fundraising Representa	Leadership PAC Sponso
B. Designated Agent: Identification		Fundraising Representa	Leadership PAC Sponso
B. Designated Agent: Identification			Leadership PAC Sponso
B. Designated Agent: Ident Full Name Mailing Address	tify by name, address (phone number – optional)		
B. Designated Agent: Identification Full Name	tify by name, address (phone number – optional) CITY ▲		
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposi safety deposit boxes or response to the control of the con	tify by name, address (phone number – optional) CITY Tel itories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposition safety deposit boxes or responsible to the position of Bank, Depository, etc.	tify by name, address (phone number – optional) CITY CITY Tel itories: List all banks or other depositories in which t maintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposi safety deposit boxes or response to the position of Bank, First	tify by name, address (phone number – optional) CITY CITY Tel itories: List all banks or other depositories in which t maintains funds. National Bank	STATE A	ZIP CODE A
Full Name Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposition safety deposit boxes or responsible to the position of Bank, Depository, etc.	tify by name, address (phone number – optional) CITY CITY Tel itories: List all banks or other depositories in which t maintains funds. National Bank	STATE A	ZIP CODE A